

News and Notes

Robert Cochrane Fund for leprosy

The Fund, in memory of the great leprologist Robert Cochrane, is administered by the Royal Society of Tropical Medicine and Hygiene. It is to be used to finance up to 3 travel Fellowships each year, to a maximum value of £1000 each.

The Fund will support travel for:

leprosy workers, who need to obtain practical training in field work or in research; and experienced leprologists in order to provide practical training in a developing country.

There is no restriction on the country of origin or destination, providing the above requirements are fulfilled.

Application forms are available from the Society and completed forms must be received by the Society at least 6 months ahead of the proposed visit. All applications must be sponsored by a suitable representative of the applicant's employer or study centre, and agreed by the host organization. A 2-page report on the travel/study should be submitted to the Society within 1 month of the recipient's return.

Apply: Robert Cochrane Fund for Leprosy, Royal Society of Tropical Medicine, Manson House, 26 Portland Place, London W1N 4EY, United Kingdom. Tel: 0171 580 2127; Fax: 0171 436 1389.

Bicycle trailer/handcart; *Intermediate Technology*, UK

The Newsletter of *Intermediate Technology*, Spring/Summer 1993, carries information and an illustration of a cycle trailer/handcart, which is relatively easy to construct and can be towed behind a bicycle or pushed/pulled as a handcart. The cycle trailer was first introduced to Sri Lanka by IT in 1989 when 2 models were imported from India. A demonstration project was begun by IT Sri Lanka in 1990, together with VINIVIDA, a small NGO based in the Puttalam district, in northwestern Sri Lanka.

Initially, 4 manufacturers were trained by IT Transport to make the cycle trailer in Puttalam. There are now 15 cycle trailer users in the Puttalam District. A small revolving credit-fund has helped people buy the trailers.

The trailer can be constructed in a workshop which has the basic metalwork facilities of cutting, welding and drilling. Good welding skills are needed to make the joints strong enough to stand up to the fairly severe shock loading which will be experienced by the trailer when being used on rough roads. Reasonably accurate cutting, bending and setting up of parts is needed if a good quality trailer is to be built.

For further details, including diagram and dimensions, apply to Mr R. Dennis, Design & Development Engineer, IT Transport Ltd, Consultants in Transport and Rural Development, The Old Power Station, Ardington, Nr Wantage, Oxfordshire OX12 8QJ, UK. Fax: 01235 832186.

VIIth International Congress of Dermatology, New Delhi, India, February/March, 1994

Over 1,000 delegates attended this Congress, from South-East Asia and many other parts of the world. It was remarkable for the wide range of dermatological and other conditions covered in formal papers, discussions and 'state of the art' lectures. In view of the current WHO predictions with regard to the likely increase in the incidence of HIV infection and AIDS in South-East Asia in the near future, many papers dealt with the complex relationships between skin disease, venereology, tuberculosis, leishmaniasis and leprosy. The meeting was also memorable for the number of sessions and the time allocated to various aspects of leprosy, which included a round table discussion on the role of dermatologists in the elimination of leprosy and its subsequent management when leprosy prevalence is low. The chairman for this meeting was Dr S. K. Noordeen of the Leprosy Unit, WHO, Geneva. Short papers were presented on (1) the role of dermatologists in leprosy elimination (Dr Clovis Lombardi, Pan American Health Organization, Caracas, Venezuela), (2) the current status and organization of dermatology and its capacity to contribute to a programme 'sine lepra' (Professor T. J. Ryan, Oxford, UK), (3) the inclusion of leprosy with dermatology in curricula at all health levels (Dr A. Colin McDougall, Oxford, UK) and (4) the re-training of leprosy officers (Dr Henning Grossmann, Moshi, Tanzania). A total of 416 papers are listed, with summaries in a book of *Abstracts*, a copy of which is obtainable on application to Glaxo Pharmaceutical Division, Glaxo India Ltd, Dr Annie Besant Road, Worli, Bombay 400025, India (who sponsored its production).

Evaluation of the SIDA-supported leprosy control projects in India

In the late 1970s, The Swedish International Development Authority first established links with the National Leprosy Control (later Eradication) Programme in India, and in 1981 embarked on a programme of support for case-finding, implementation of multiple drug therapy (MDT) and disability management, beginning in the district of Wardha in Maharashtra. This was soon extended to Purulia (West Bengal), North Arcot (Tamil Nadu), Ganjam (Orissa) and Srikakulam (Andhra Pradesh). Other high-endemic districts were gradually added, bringing the total to 19 by 1993. During this period, MDT has been given to a total of 837,519 cases, with a remarkably low relapse rate (to date) in both pauci- and multi-bacillary cases. SIDA recently appointed an evaluation team under the leadership of Dr Malcolm Peat, Associate Dean (Rehabilitation), Faculty of Medicine, Queen's University, Kingston, Ontario, Canada, supported by Dr Lillemor Brolin (Stockholm, Sweden), Dr Ranaswamy Ganapati (Bombay, India), Dr A. Colin McDougall (Oxford, UK), Dr Chandrakant R. Revankar (Bombay, India) and Ms Jean Watson (Brentford, UK). The team carried out site visits to a number of SIDA-supported districts in India and held discussions with Dr B. N. Mittal (Directorate General of Health Services, New Delhi), representatives of WHO, UNICEF, DANIDA, The Leprosy Mission and a number of State Leprosy Officers. Their findings, which probably represent one of the most detailed analyses of leprosy control in these 19 districts so far attempted, have now been submitted to SIDA in Stockholm. Subject to agreement by SIDA, it is hoped to present some of the more important conclusions and recommendations for publication in the near future.

Low cost disability management

The 125th Gandhi Jayanti provided the opportune time for the birth of an imaginative and much needed project 'Low Cost Disability Management' in Bombay.

Mr R. Narasimhan Chief Guest and Senior Superintendent, Vocational Rehabilitation Centre (VRC) for the Handicapped, Bombay, inaugurated the 'Low Cost Disability Management' project

in Bombay on the 125th anniversary of the birth of Mahatma Gandhi at the BLP office and said that services to leprosy patients should be integrated with those offered to any other handicapped, as is practised in VRC.

Low Cost Disability Management (LCDM) is a partnership project jointly managed by the Bombay Leprosy Project (BLP) and the Indian Leprosy Foundation (ILEF). BLP will look after the medical component while ILEF will take care of social and financial components.

LCDM is a frontier project with futuristic vision. It aims at prevention, care and management of disabilities arising out of leprosy and to provide a scientific model for national adoption.

Dr R. Ganapati, Director of BLP, said that BLP had had 20 years of experience in leprosy work. It has to its credit several disability management programmes. The techniques, like prefabricated splints, grip aids for hand deformities as well as POP for foot deformities, had been field tested by BLP extensively in the Prakasam and Kurnool districts of A.P. with resounding success.

Professor A. R. K. Pillai, President, Indian Leprosy Foundation, said that Gandhi Jayanti offered an excellent opportunity to emulate the ideals for which Gandhi lived and died. On the 125th anniversary of the birth of Mahatma Gandhi, Low Cost Disability Management is launched as a joint pilot project and this will cover Bharat Nagar Slum in East Bandra and Kalyan Block in Thane District initially. About 500 disabled persons will benefit directly from these 2 projects.

Mr S. Kingsley, Physiotherapy Technician, welcomed the gathering and Dr C. R. Revankar, Director, proposed a vote of thanks.

International Leprosy Meeting for Missionaries and Auxiliary Staff, 8–21 October 1995; Paramedical staff 12–18 November 1995

For further details of the above meetings, both of which cover a wide range of topics, write to: Dr Jose Terencio de las Aguas, Santorio San Fco. de Boja, 03791 Fontilles, Spain.

Addenda—‘Relapse following various types of multidrug therapy in multibacillary leprosy’. M. F. R. Waters

Please add the following to the above paper published in *Lepr Rev* (1995) **66**: 1–9:

On page 6, paragraph 2, line 2 it states (concerning the THELEP Karigiri MDT Field Study) ‘After a 7–8 year follow-up, relapses did not exceed 3 in number.’

This figure was based on statements made at the 2nd Würzburg Symposium, 1992, where the Karigiri and Polambakkan studies were presented together and known cases of relapse were not separated by trial site. Dr P. S. S. Sundar Rao, Director, and Dr Kumar Jesudasan, Epidemiologist, Schieffelin Leprosy Research and Training Centre, Karigiri, have now informed me that to date, in fact, no relapses have occurred. They write, ‘Of the original Cohort of 1067 MB patients included in the trial, 562 were put on A Regimen [the THELEP regimen of rifampicin 600 mg and clofazimine 600 mg on 2 consecutive days every 4 weeks, plus dapsone 100 mg daily unsupervised plus asodapsona by injection every 8 weeks], and 505 were put on B [WHO] regimen; 980 patients completed their treatment and were released from treatment. The total duration of follow-up of 7123 per years yielded *no* relapses.’

Dr P. Feenstra’s State-of-the-Art Lecture, reference 22, has now been published, *Int J Lepr*, 1994; **61**: 599–608.